
Annex G Consultation Questionnaire

The case for change

Question 1: Is the proposal to focus initially, after legislation is enacted, on improving outcomes for older people, and then to extend our focus to improving integration of all areas of adult health and social care, practical and helpful?

Yes No

Comments Given the national priorities for Reshaping Care for Older People, Standards of Care for Dementia and the ageing population it is reasonable to prioritise this population. Additionally, it is the largest population, with highest projected growth in numbers. However, an initial focus on older people should not be at the expense of ensuring improved outcomes for other care groups, such as adult mental health, substance misuse and learning disability.

Outline of proposed reforms

Question 2: Is our proposed framework for integration comprehensive? Is there anything missing that you would want to see added to it, or anything you would suggest should be removed?

Yes No

Comments There are some concerns around how an integrated budget will be effectively and efficiently managed. There needs to be a clear planning process for directing resources towards community services and inpatient services. The linkage between devolved budget responsibilities, locality service planning led by clinicians and care professionals and strategic commissioning requires to be carefully developed in partnership.

National outcomes for adult health and social care

Question 3: This proposal will establish in law a requirement for statutory partners – Health Boards and Local Authorities – to deliver, and to be held jointly and equally accountable for, nationally agreed outcomes for adult health and social care. This is a significant departure from the current, separate performance management mechanisms that apply to Health Boards and Local Authorities. Does this approach provide a sufficiently strong mechanism to achieve the extent of change that is required?

Yes No

Comments Nationally agreed outcomes would provide a strong incentive for health and social care to work in partnership. The details of such outcomes require careful elaboration, to ensure that outcomes are of high quality, person-centred, and result in improved care. There will be difficulties in measuring some of the key areas e.g. how do you measure 'healthier living'? How much 'healthier' is required for a successful outcome? It's also important that an inevitable focus on numerically measured outcomes does not discount the value of more intangible but nonetheless valuable outcomes related to the lived experiences of service users.

Question 4: Do you agree that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements?

Yes No

Comments Outcomes need to be included in the single outcome agreement, and there needs to be agreement as to how performance is managed, and measured, across partnerships.

Governance and joint accountability

Question 5: Will joint accountability to Ministers and Local Authority Leaders provide the right balance of local democratic accountability and accountability to central government, for health and social care services?

Yes No

Comments In order for this to be effective, it is essential that there is clear understanding of the roles of partners, at all levels.

Question 6: Should there be scope to establish a Health and Social Care Partnership that covers more than one Local Authority?

Yes No

Comments Where LAs are not co-terminus with Health Boards, there exists potential for conflict around priorities and service delivery. Thus, there are advantages in having an HSCP across two or more local authorities.

Question 7: Are the proposed Committee arrangements appropriate to ensure governance of the Health and Social Care Partnership?

Yes No

Comments There needs to be clear structures in place for the provision of specialist clinical advice, to ensure appropriate service delivery, performance, and governance..

Question 8: Are the performance management arrangements described above sufficiently robust to provide public confidence that effective action will be taken if local services are failing to deliver appropriately?

Yes No

Comments Annual rotation of the chair may result in short-term approaches to service delivery. Previous examples of integration of NHS and local authority have indicated that attempted joint decisions were frequently affected by a perceived conflicts of interest and inequity – at the expense of the service user. It will be essential to agree appropriate outcome measures for all service users.

Question 9: Should Health Boards and Local Authorities be free to choose whether to include the budgets for other CHP functions – apart from adult health and social care – within the scope of the Health and Social Care Partnership?

Yes No

Comments Local autonomy is crucial, to match local needs with extant resources.

Integrated budgets and resourcing

Question 10: Do you think the models described above can successfully deliver our objective to use money to best effect for the patient or service user, whether they need “health” or “social care” support?

Yes No

Comments With appropriate governance, and clinical oversight, yes. However account must also be taken of the impact of legislation around Self Directed Support, and the Equality Act, etc.

Question 11: Do you have experience of the ease or difficulty of making flexible use of resources across the health and social care system that you would like to share?

Yes No

Comments

Question 12: If Ministers provide direction on the minimum categories of spend that must be included in the integrated budget, will that provide sufficient impetus and sufficient local discretion to achieve the objectives we have set out?

Yes No

Comments Subject to locally-determined financial governance, to meet local needs.

Jointly Accountable Officer

Question 13: Do you think that the proposals described here for the financial authority of the Jointly Accountable Officer will be sufficient to enable the shift in investment that is required to achieve the shift in the balance of care?

Yes No

Comments It will be important to define clearly the role of the Jointly Accountable Officer, to balance the sometimes competing priorities of health and social care services.

Question 14: Have we described an appropriate level of seniority for the Jointly Accountable Officer?

Yes No

Comments Yes – although more details would be welcome.

Professionally led locality planning and commissioning of services

Question 15: Should the Scottish Government direct how locality planning is taken forward or leave this to local determination?

Yes No

Comments This should be left to local determination. There are already strong locality planning arrangements in place based on the recognised townships that together make up Lanarkshire.

Question 16: It is proposed that a duty should be placed upon Health and Social Care Partnerships to consult local professionals, including GPs, on how best to put in place local arrangements for planning service provision, and then implement, review and maintain such arrangements. Is this duty strong enough?

Yes No

Comments Clinical staff will have an important role to play in determining service provision, and there require to me suitable mechanisms in place to support this.

Question 17: What practical steps/changes would help to enable clinicians and social care professionals to get involved with and drive planning at local level?

Comments A sense of ownership by all staff would increase should they have roles and responsibilities at all levels rather than solely at management levels. Focus groups within each locality area bringing together health and social care staff may be beneficial, to then feedback to the larger consultation group.

Question 18: Should locality planning be organised around clusters of GP practices? If not, how do you think this could be better organised?

Yes No

Comments The existing locality planning arrangements within Lanarkshire are based on a township model, which best meets the needs of local people.

Question 19: How much responsibility and decision making should be devolved from Health and Social Care Partnerships to locality planning groups?

Comments As stated, the township model of service provision enables locally-determined needs to be met, with input from professionals as appropriate.

Question 20: Should localities be organised around a given size of local population – e.g., of between 15,000 – 25,000 people, or some other range? If so, what size would you suggest?

Yes No

Comments As stated, the model in Lanarkshire is based on townships.

Do you have any further comments regarding the consultation proposals?

Comments

Do you have any comments regarding the partial EQIA? (see Annex D)

Comments

Do you have any comments regarding the partial BRIA? (see Annex E)

Comments